

FOOD STAMP BUDGET WORKSHEET

CASE NAME	CASE NUMBER	COMPANION CASE REFERENCE	CLASSIFICATION <input type="checkbox"/> NA <input type="checkbox"/> PA <input type="checkbox"/> MIXED
CERTIFICATION PERIOD FROM _____ THROUGH _____	ISSUANCE MONTH	ISSUANCE MONTH	DOCUMENTATION
PART 1 - GROSS INCOME ELIGIBILITY			
A. NONEXEMPT GROSS EARNED INCOME			
1. Gross Salary, Wages	\$ _____	\$ _____	
2. Self-Employment	\$ _____	\$ _____	
3. Training Allowance	\$ _____	\$ _____	
4. Total Gross Earned Income (A1 + A2 + A3)	\$ _____	\$ _____	
B. NONEXEMPT GROSS UNEARNED INCOME			
1. Cash Aid	\$ _____	\$ _____	
2. Social Security, UIB, DIB, Pensions	\$ _____	\$ _____	
3. Child/Spousal Support	\$ _____	\$ _____	
4. Scholarships, Grants, Loans	\$ _____	\$ _____	
5. Other	\$ _____	\$ _____	
6. Total Gross Unearned Income (B1 + B2 + B3 + B4 + B5)	\$ _____	\$ _____	
C. GROSS INCOME TEST			
1. Household Size	_____	_____	
2. Maximum Gross Income Allowed (from Table)	\$ _____	\$ _____	
3. Total Gross Monthly Income (A4 + B6)	\$ _____	\$ _____	
4. Gross Income Eligible? (Is C3 less than or equal to C2?)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
PART 2 - NET INCOME ELIGIBILITY			
	<input type="checkbox"/> Prospective <input type="checkbox"/> Retrospective	<input type="checkbox"/> Prospective <input type="checkbox"/> Retrospective	
D. INCOME (For Prospective Budgets Only)			
1. Adjusted Gross Earned Income (80% of A4)	\$ _____	\$ _____	
2. Total Nonexempt Gross Income (B6 + D1)	\$ _____	\$ _____	
E. NONEXEMPT GROSS EARNED INCOME (For Retrospective Budgets Only)			
1. Gross Salary, Wages	\$ _____	\$ _____	
2. Self-employment	\$ _____	\$ _____	
3. Training Allowance	\$ _____	\$ _____	
4. Total Gross Earned Income (E1 + E2 + E3)	\$ _____	\$ _____	
5. Adjusted Gross Earned Income (80% of E4)	\$ _____	\$ _____	
F. NONEXEMPT GROSS UNEARNED INCOME (For Retrospective Budgets Only)			
1. Cash Aid	\$ _____	\$ _____	
2. Social Security, UIB, DIB, Pensions	\$ _____	\$ _____	
3. Child/Spousal Support	\$ _____	\$ _____	
4. Scholarships, Grants, Loans	\$ _____	\$ _____	
5. Other	\$ _____	\$ _____	
6. Total Gross Unearned Income (F1 + F2 + F3 + F4 + F5)	\$ _____	\$ _____	
7. Total nonexempt Gross Income (E5 + F6)	\$ _____	\$ _____	
G. STANDARD/DEPENDENT CARE/HOMELESS SHELTER/DEDUCTION			
1. Standard Deduction:	\$ _____	\$ _____	
2. Dependent Care (Lesser of Actual or Maximum)	\$ _____	\$ _____	
Child(ren) under two	\$ _____	\$ _____	
Child(ren) two and over/all other dependents	\$ _____	\$ _____	
Total Dependent Deductions	\$ _____	\$ _____	
3. Homeless Shelter Deduction	\$ _____	\$ _____	
4. Total Deductions (G1 + G2 + G3)	\$ _____	\$ _____	
5. Preliminary Adjusted Income (D2 - G4 or F7 - G4)	\$ _____	\$ _____	
H. CHILD SUPPORT DEDUCTION			
1. Total Legally Obligated Child Support paid out by household	\$ _____	\$ _____	
2. Adjusted Income (G5 - H1)	\$ _____	\$ _____	
I. SHELTER DEDUCTION			
1. Total Housing Costs	\$ _____	\$ _____	
2. Total Utility costs (Actual or SUA)	\$ _____	\$ _____	
3. Total Shelter Costs	\$ _____	\$ _____	
4. Allowable Shelter Costs (50% of H2)	\$ _____	\$ _____	
5. Excess shelter Costs (I3 - I4)	\$ _____	\$ _____	
6. Maximum Allowance for Shelter	\$ _____	\$ _____	
7. Allowable Shelter Deduction (Lesser of I5 or I6)	\$ _____	\$ _____	
J. NET MONTHLY INCOME (H2 - I7)	\$ _____	\$ _____	
K. NET INCOME TEST			
1. Household Size	_____	_____	
2. Maximum Net Income Allowable from	\$ _____	\$ _____	
3. Net Income eligible?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
PART 3 - BENEFITS			
	<input type="checkbox"/> ALLOTMENT <input type="checkbox"/> SUPPLEMENT	<input type="checkbox"/> ALLOTMENT <input type="checkbox"/> SUPPLEMENT	
E.W. Initials/Date			

WORKSHEET FOR CHANGES AND OTHER DOCUMENTATION

PART 4-RESOURCES

L. MOTOR VEHICLES		Vehicle 1	Vehicle 2	DOCUMENTATION	
1. Vehicle Owner				For one licensed vehicle per household, determine the equity value; subtract exclusion limit & apply the excess to the resource limit. Apply the full equity value of all other vehicles to the resource limit.	
Year/Class					
Make and Model					
Estimated Value					
Amount Owed					
Licensed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Value					
3. Excluded as home, income producing, transport for handicapped or primary transport for fuel or water?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	FMV	
4. Under current exclusion limit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Minus Encumbrance	
5. Exempt for household use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Equity Value	
6. For work, to seek work, school or training?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Equity Value	
If exempt and under exclusion limit, STOP here				Minus Exclusion Limit	
				Excess Value	

If applicant/recipient disagrees with excess value of vehicle document below the alternate method used to determine value.

M. RESOURCE ELIGIBILITY (Nonexempt Resources Only)

	ISSUANCE MONTH	ISSUANCE MONTH
1. Previous Month's Resources	\$ _____	\$ _____
2. Additional Resources (specify)	_____	_____
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
3. Subtotal (M1 + M2a + M2b + M2c)	\$ _____	\$ _____
4. Resources Sold, Traded or Given Away (specify)	\$ _____	\$ _____
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
5. Subtotal (M4a + M4b + M4c)	\$ _____	\$ _____
6. Current Resources (M3 - M5)	\$ _____	\$ _____
7. Resource Eligible?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART 5-INCOME COMPUTATIONS

N. SELF-EMPLOYMENT (Nonexempt Resources Only)

	ISSUANCE MONTH	ISSUANCE MONTH
1. Gross Income from Self-Employment	\$ _____	\$ _____
2. Expenses: <input type="checkbox"/> Standard 40% Deduction	_____	_____
<input type="checkbox"/> Actual Expenses (Verification Required)	_____	_____
3. Total Nonexempt Income from Self-Employment	\$ _____	\$ _____
If averaging self-employment income go to N7. If adjusting a previous average, continue to N4.		
4. Adjustment to Gross Income	\$ _____	\$ _____
5. Adjustment to Expenses	_____	_____
6. Adjusted Self-Employment Income N3 + N4 ± N5)	\$ _____	\$ _____
7. Monthly Self-Employment Income (N3 or N6 ÷ number of months income covers)	\$ _____	\$ _____

O. EDUCATIONAL GRANTS, SCHOLARSHIPS AND LOANS

	ISSUANCE MONTH	ISSUANCE MONTH
1. Income from Grants, Scholarships or Loans	\$ _____	\$ _____
2. Tuition and Mandatory Fees	_____	_____
3. Total Nonexempt Educational Income (O1 - O2)	\$ _____	\$ _____
4. Monthly Income from Grants, Scholarships or Loans (O3- number of months income covers)	\$ _____	\$ _____

PART 6-REPORTED CHANGES (Other than the CA 7 or DFA 377.5)

Type of Change					
Date Change Occurred					
Date Change Reported					
EW Initials					